Conflicts of Interest

- Meiqi Guo receives a stipend for her administrative work as a medical director from University Health Network - Toronto Rehabilitation Institute

Outline

- Explain the concept of ‘therapeutic falls'
- Evaluate the qualitative and quantitative outcomes of 'therapeutic falls' to date

'Therapeutic' Falls

The concept and the why

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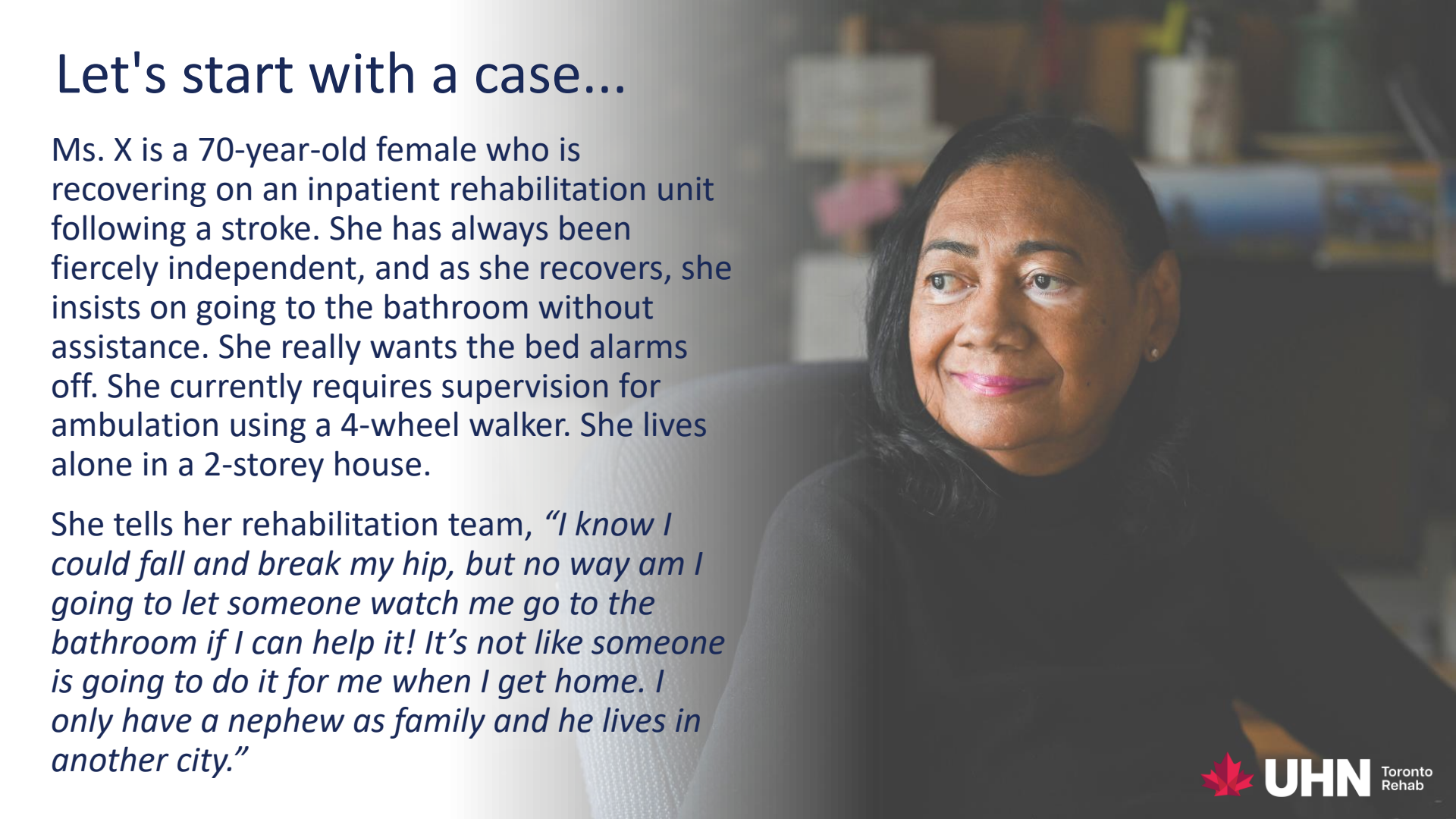
Let's start with a case...

Ms. X is a 70-year-old female who is recovering on an inpatient rehabilitation unit following a stroke. She has always been fiercely independent, and as she recovers, she insists on going to the bathroom without assistance. She really wants the bed alarms off. She currently requires supervision for ambulation using a 4-wheel walker. She lives alone in a 2-storey house.

She tells her rehabilitation team, *“I know I could fall and break my hip, but no way am I going to let someone watch me go to the bathroom if I can help it! It’s not like someone is going to do it for me when I get home. I only have a nephew as family and he lives in another city.”*



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Zero falls does not mean zero harm

Falls in rehab may be the natural outcome for some patients striving towards independence

We should reduce the dangerous sequelae associated with lying in bed

Keeping patients safe in hospital does not necessarily mean they will be safe at home

Falling can be dangerous, but can also reflect effort and recovery

Despite best efforts, we still can feel shame when our patients fall.

As a result, we often adopt a **custodial approach to mobility**, and **avoid discussing risk** with patients and families.

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Therapeutic Falls

A therapeutic fall is a fall that happens during a **higher-risk activity** that the patient has **chosen** to practice to promote independence as part of their recovery. This activity is one where the patient feels the potential benefit **exceeds** the potential risk for harm.

A therapeutic fall has 3 components

- The person (or their substitute decision maker) **chose** to pursue the activity as part of their rehab, **in collaboration** with their therapy team
- Knowing that falling and its associated consequences were **possible risks**
- Focus on falls **prevention** and **harm mitigation** strategies

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Back to our case…

Ms. X had a discussion with her PT, physiatrist and OT

The team and Ms. X discussed the risks, benefits and risks mitigations strategies. She understood and appreciated the information. She was given alternatives such as a bedside commode or female urinal. Patient education about what to do if she falls was provided

She decided that she would try to use the toilet on her own during the day, but ask for help at night.

Two days later, Ms. X fell on her way to the bathroom.

Her rehabilitation team discussed with Ms. X whether she would like to continue with or amend her plan, as well as what she learned from the fall.

Ms. X chose to keep on trying to ambulate to the bathroom and use the toilet independently. The team follows the same post-fall processes as they would with any fall, however, this fall is classified as a "therapeutic" fall.

Our Approach to Implementation

- Based on the IHI Collaborative Change Model
  - Engaged providers, leaders, educators and Patient Partners
- Standard education and consent documents
- Standardized documentation in EMR
- Team learning sessions
  - Review of the ethical and practice elements of falls and immobility
  - Facilitated discussions about autonomy, risk and safety as a value
  - Formal knowledge exchange, case studies, and elements of co-design.
- Team champions
  - Spotlight Sessions
  - Peer mentorship
  - Consultation for particularly challenging cases

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4 physical sites
421 inpatient beds

University Centre
133 beds + Outpatient Clinics
Brain Rehab (Acquired Brain Injury, Stroke)
Geriatric Rehab (Includes Specialized Dementia)
Musculoskeletal & Multisystem Rehab

Bickle Centre
228 beds + Outpatient Clinics
Geriatric, LITE and Progressive Rehab
Complex Continuing Care
Transitional Care

Lyndhurst Centre & Cardiac Centre
60 beds + Outpatient Clinics
Spinal Cord Rehab
Cardiac Rehab

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Outcomes

- **Greater motor improvement among patients on the Therapeutic Falls pathway**
  - Comparative analysis across all units pooled together demonstrated that the ATT for motor FIM change was 3.66 (95% CI: 1.69 - 5.62, $p < 0.001$)
- **Patients on the Therapeutic Falls pathway are discharged sooner**
  - ATT of LOS/Expected LOS (based on provincial funding formulae) was lower for patients on the pathway, indicating that these patients were discharged sooner
- **No increase in falls with harm**
  - Risk difference for the number of falls with harm/year was not significant after implementation for any of the units

What patients and providers tell us

- The Therapeutic Falls pathway provided
  - Increased provider confidence in supporting patients' choice for higher-risk activities
  - Meaningful opportunities for shared decision-making between patients and providers

- Two distinct profiles of patients for the Therapeutic Falls pathway:

Patients on a recovery trajectory

- **Transitioning** from supervision to independence in mobility
- **Improving** in their recovery, but **remain a falls risk**
- **Need to be independent** at discharge
- **Capable** of making shared decisions about risk

Patients living with permanent risk

- Supervision or minimal assistance with mobility and likely **permanent risk of falls**
- **Quality of life** will be less if mobility is restricted
- Often live in a care environment without 24-hour supervision and have a substitute decision maker (long-term care, assisted living)

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"Sometimes I am proven wrong, and I love that! Our patients often do much better than we thought they would. I was the one holding them back."
- Provider

"Without it, I would not have been able to get back to fitness as quickly as I did. It all started with the independent walking in rehab." - Patient

"Therapeutic Falls has helped to normalize falls. Do I still feel shame? Yes, but less. Falls are going to happen, and for some, that is ok. You need to lean into it. Put a different strategy in place." - Provider

"I think it was a great idea. She [the patient] fights for independence and loves to be mobile. Forcing her to have assistance with walking wouldn't have gone well. She hasn't had any falls since returning to Long Term Care." - Substitute Decision Maker

"We got to see our patient thrive. The patient was miserable when we told her she couldn't move. It actually changed her mood."
- Provider

"It felt wonderful, but I was a little scared that I would fall. I fell one time in the hospital, but I never fell at home."
- Patient

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"Sometimes I am proven wrong, and I love that! Our patients often do much better than we thought they would. I was the one holding them back." - prestataire

"Without it, I would not have been able to get back to fitness as quickly as I did. It all started with the independent walking in rehab." - prestataire

"Therapeutic Falls has helped to normalize falls. Do I still feel shame? Yes, but less. Falls are going to happen, and for some, that is ok. You need to lean into it. Put a different strategy in place." - prestataire

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"We got to see our patient thrive. The patient was miserable when we told her she couldn't move. It actually changed her mood." - prestataire

"It felt wonderful, but I was a little scared that I would fall. I fell one time in the hospital, but I never fell at home." - prestataire

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Where we are at today

- 6 additional hospitals/regional health authorities in the process of implementing Therapeutic Falls
- Leading Practice Designation from Accreditation Canada
- Implementation Toolkit

TherapeuticFalls.ca

Acknowledgments

Mark Bayley, MD, FRCPC, Physiatrist-in-chief, Toronto Rehab

Andria Bianchi, PhD, Ethicist, Unity Health, Baycrest and Toronto Grace

Alex Campbell, JD, LLM, MHSc, Ethicist, Centre for Clinical Ethics

Laura Langer, MSc, Biostatistician, Toronto Rehab

Raisa Kassam, MScPT, Interprofessional Educator, Toronto Rehab

Siobhán McKittrick, MScPT, Interprofessional Educator, Toronto Rehab

Therapeutic Falls Advisory Group

Rehab and Complex Continuing Care teams at Toronto Rehab

Geoff Hartin and the rest of the University of Toronto Colearning QI Curriculum Residents, 2021-2022

To the courageous patients and families at Toronto Rehab who have taught us so much about the Dignity of Risk

Check out our Toolkit at
TherapeuticFalls.ca

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